COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL030893 US

| As a below named inventor, I hereby declare that: | | | | | |
|--|--|---|-----------------------------|--|--|
| My residence, post office address and citizenship are as stated next to my name. | | | | | |
| | believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if blural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | |
| the specification of which (chec | k only one item below): | | | | |
| is attached hereto. | | | | | |
| was filed as United States a | pplication | | | | |
| Serial No | | | | | |
| on | | | | | |
| and was amended | | de processor de la produce de | | | |
| on | | | | | |
| X was filed as PCT internation | al application | | | | |
| Number PCT/IB2004/05124 | 1 | | | | |
| on | | | | | |
| and was amended under PCT A | Article 19 | | | | |
| on | | | (if applicable). | | |
| | | | | | |
| I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. | | | | | |
| I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a). | | | | | |
| I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: | | | | | |
| COUNTRY | APPLICATION NUMBER | DATE OF FILING | PRIORITY | | |
| OCONTRI | ALL LICATION NUMBER | DATE OF FILING DAY, MONTH, YEAR | CLAIMED UNDER 35 USC 119 | | |
| Europe | 03102312.0 | 28 July 2003 | YES | | |
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| | 11.6 | DEPARTMENT OF COMMERCE Potent of | 17-1-1-06 | | |

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|---|--|--|---|--|--|--|
| Combined Declaration For Patent Application and Power of Attorney (Continued) Attomeys Docket Number PHNL030893 US | | | | | | |
| POW transa | ER OF ATTORNE act all business in the | EY: As a named inventor, I hereby a Patent and Trademark Office conne | ppoint the following attorney(s) and/e ected therewith. (List name and regis | or agent(s) to pertage of the pertag | prosecute this application and r) | |
| Mich | E. Haken, Reg. No ael E. Marion, Re ard M. Blocker, Ro | g. No. 32, 266 | | | hone Calls to: elephone number) 0222 | |
| | FULL NAME OF INVENTOR | FAMILY NAME HARMSZE | FIRST GIVEN NAME Françoise | | SECOND GIVEN NAME Jeannette | |
| 201 | RESIDENCE & CITIZENSHIP | CITY Eindhoven | The Netherlands | STATE OR FOREIGN COUNTRY The Netherlands | | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Holstlaan 6 | 5656 AA Eindhoven | | STATE & ZIP CODE/COUNTRY The Netherlands | |
| | FULL NAME OF INVENTOR | FAMILY NAME BURCHARD | FIRST GIVEN NAME Artur | | | |
| 202 | RESIDENCE & CITIZENSHIP | Eindhoven | STATE OR FOREIGN COUNTRY The Netherlands | | COUNTRY OF CITIZENSHIP Poland | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Hoistlaan 6 | 5656 AA Eindhove | 5656 AA Eindhoven | | |
| FULL NAME OF FAMILY NAME KENTER | | KENTER | FIRST GIVEN NAME Harm | - | SECOND GIVEN NAME Jan Hiltjo Nanno | |
| 203 | RESIDENCE & CITIZENSHIP | CITY Eindhoven | STATE OR FOREIGN COUNTRY The Netherlands | | COUNTRY OF CITIZENSHIP The Netherlands | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Prof. Holstlaan 6 | 5656 AA Eindhoven | | STATE & ZIP CODE/COUNTRY The Netherlands | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| SIGNATURE OF INVENTOR 201 | SIGNATURE OF INVENTOR 202 | SIGNATURE OF INVENTOR 203 |
|---------------------------|---------------------------|---------------------------|
| Françoise faunces | | |
| DATE 17 February 2005 | DATE | DATE |

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

| • • | 19 | | | | | |
|--|-------------------------|---------------------|--|---------------|--|--|
| Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) | | | | | Attorneys Docket Number PHNL030893 US | |
| POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) | | | | | | |
| Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32, 266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone (name and telepton) (914)332-022 | | | | phone number) | | |
| | FULL NAME OF INVENTOR | FAMILY NAME HARMSZE | | | SECOND GIVEN NAME Jeannette | |
| 201 | RESIDENCE & CITIZENSHIP | CITY Eindhoven | | | COUNTRY OF CITIZENSHIP The Netherlands | |

| | FULL NAME OF | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME | |
|-----|--|---------------------|--------------------------|--------------------------|--|
| | INVENTOR | HARMSZE | Françoise | Jeannette | |
| 201 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | CITIZENSHIP | Eindhoven | The Netherlands | The Netherlands | |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY | |
| | ADDRESS | Prof. Holstlaan 6 | 5656 AA Eindhoven | The Netherlands | |
| | FULL NAME OF | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME | |
| | INVENTOR | BURCHARD | Artur | Tadeusz | |
| 202 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | CITIZENSHIP | Eindhoven | The Netherlands | Poland | |
| | POST OFFICE POST OFFICE ADDRESS CITY | | CITY | STATE & ZIP CODE/COUNTRY | |
| | ADDRESS | Prof. Holstlaan 6 | 5656 AA Eindhoven | The Netherlands | |
| | FULL NAME OF | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME | |
| | INVENTOR | KENTER | Harm | Jan Hiltjo Nanno | |
| 203 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | CITIZENSHIP | Eindhoven | The Netherlands | The Netherlands | |
| | POST OFFICE ADDRESS CITY Prof. Holstlaan 6 5656 AA Eindhoven | | | STATE & ZIP CODE/COUNTRY | |
| | | | 5656 AA Eindhoven | The Netherlands | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| SIGNATURE OF INVENTOR 201 | SIGNATURE OF INVENTOR 202 | SIGNATURE OF INVENTOR 203 |
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| DATE | DATE 18 February 2005 | DATE 18 February 2005 |

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(July 1994)

IAP5 Rec'd PCT/PTO 24 JAN 2006

PTO/SB/96 (08-03)
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| F | STATEMENT UNDER 37 CFR 3.73(b) | 10/565814 |
|---|--|---|
| Applicant/Patent Owner: Koninklijke Phili | ps Electronics N.V. | |
| Application No./Patent No.: Concurrent | y Filed/Issue Date: Concurrently | |
| Entitled: INTEGRATED CIRCUIT WITH | DYNAMIC MEMORY ALLOCATION | |
| Koninklijke Philips Electronics N.V. (Name of Assignee) | | rtnership, university, government agency, etc.) |
| states that it is: 1. ☑ the assignee of the entire right, ti | itle, and interest; or | |
| an assignee of less than the enting The extent (by percentage) of its in the patent application/patent identifie | ownership interest is ———— % | |
| A. [] An assignment from the inventor in the United States Patent and T attached. | r(s) of the patent application/patent identified about rademark Office at Reel, Frame | ve. The assignment was recorded, or for which a copy thereof is |
| OR . | | |
| below: | s), of the patent application/patent identified above | |
| The document was record | ded in the United States Patent and Trademark O | ffice at |
| 2. From: | To:To:To: | ffice at |
| | | |
| The document was record Reel | To:ded in the United States Patent and Trademark O Frame, or for which a copy t | ffice at thereof is attached. |
| [] Additional documents in t | the chain of title are listed on a supplemental shee | et. |
| [NOTE: A separate copy (i.e., the | cuments in the chain of title are attached. original assignment document or a true copy of the Division in accordance with 37 CFR Part 3, if the PTO. See MPEP 302.08] | ne original document) assignment is to be |
| The undersigned (whose title is supplied | ed below) is authorized to act on behalf of the ass | ignee. |
| 1/24/60 | Aaron Waxler | |
| Date (914) 333-9608 | Typed | or printed name |
| Telephone number | | Signature |
| | Corp | porate Counsel |
| | | Title |

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). | | | | | | |
|---|--|------------------------------|--------------------|------------------------|------------------------|--|
| I hereby a | appoint: | | | | | |
| X Pract | titioners associated with the Customer Number | 247 | 37 | | | |
| OR Pract | titioner(s) named below (if more than ten pater | nt practitioners are to be | named, then a cust | omer number must be | used): | |
| | Name | Registration Number | N | ame | Registration Number | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| any and all | (s) or agent(s) to represent the undersigned be patent applications assigned <u>only</u> to the under this form in accordance with 37 CFR 3.73(b). | | | | | |
| Please cha | nge the correspondence address for the applic | ation identified in the atta | sched statement ur | nder 37 CFR 3.73(b) to | : | |
| OR | he address associated with Customer Number | 2473 | 7 | | | |
| Firm or Individual Name Address | | | | | | |
| City State Zip | | | | | | |
| Country | | | | | | |
| Telephon | e | | Fax | | | |
| Assignee Name and Address: | | | | | | |
| KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg l 5621 BA Eindhoven, The Netherlands | | | | | | |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. | | | | | | |
| SIGNATURE of Assignee of Record The idividual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | |
| Signature | MUKAGE. K. | aur | | Date 14 Janu | | |
| Name | Michael E. Marion | | | Telephone (914) | 333-9637 | |
| Title | Authorized Represent | ative | | | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. An owners on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.